

# FOC 80 - NOTICE OF PROPOSED LICENSE SUSPENSION AND REQUEST FOR HEARING

Approved, SCAO  <b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>		<b>NOTICE OF PROPOSED LICENSE SUSPENSION AND REQUEST FOR HEARING</b>	Original - Friend of the Court 1st copy - Plaintiff 2nd copy - Defendant 3rd copy - for Return (Request)  <b>CASE NO.</b>
Friend of the Court address		FAX no.	Telephone no.

  

Plaintiff name, address, and telephone no. ☐ Payer

  

Defendant name, address, and telephone no. ☐ Payer

**TO THE PAYER:**

1. Date of mailing: \_\_\_\_\_

2. The Office of the Friend of the Court has reviewed your files and determined there is an arrearage of:

  

3. Under Michigan law, if you have an arrearage of support of 3 or more months, your driver's and occupational licenses may be subject to a suspension order.
4. A suspension order will be entered and sent to the licensing agency unless you:
  - a. pay support and arrearages in full within **21 days**; or
  - b. request a hearing on the proposed suspension within **21 days** after the date this notice is sent. See Request below.
5. You may request a hearing only for the following reasons:
  - a. there is a mistake of fact about your identity as the payer;
  - b. there is a mistake of fact about the amount of arrearage and you can show that the arrearages are less than 3 months worth of the current support amount;
  - c. to suggest an arrearage repayment schedule; or
  - d. to request the court to delay suspension until after a hearing on a motion filed to modify the current support amount because of a change in circumstances.
6. If you believe the support amount should be modified due to a change in circumstances, you must: 1) file with the court a petition to modify the support order; and 2) request a hearing on the proposed suspension within 21 days after the date this notice is sent.
7. Once an order of suspension is entered and sent to a licensing agency, you will be responsible for paying all fees and charges imposed by that agency for reinstatement of the license.
8. If you wish to request a hearing on the proposed suspension, complete the Request for Hearing below and return a copy of this form to the above friend of the court address. If you require special accommodations to use the court because of a disability, please contact the court immediately to make arrangements. When contacting the court, always provide your case number(s).

**FRIEND OF THE COURT**

**REQUEST FOR HEARING**

☐ I request a hearing on the proposed license suspension based on the following issue(s): check the reason(s) that apply

- ☐ a. there is a mistake of fact about my identity as the payer.
- ☐ b. there is a mistake of fact about the amount of arrearage and I can show that arrearages are less than 3 months worth of the current support amount.
- ☐ c. to suggest an arrearage repayment schedule.
- ☐ d. to request the court to delay suspension until after a hearing on a motion filed to modify the current support amount because of a change in circumstances.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of payer

**FOC 80 (9/96) NOTICE OF PROPOSED LICENSE SUSPENSION AND REQUEST FOR HEARING MCL 552.628; MSA 25.164(28)**